See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy

Or call the IRS Identity Theft Hotline at 1-800-908-4490 Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))
For calendar year 2011 or other tax year beginning 7/01 , 2011, and ending $6 / 30 \quad, 2012$

- See separate instructions.

Department of the Treasury Internal Revenue Service

| A | Check box If address changed |
| :---: | :---: |
| B Exempt under section |  |
|  | X 501( C ) ( 3 ) |
|  | 408(e) $\square 220$ (e) |
|  | 408A $\square 530(\mathrm{a})$ |
|  | 529(a) |
| C | Book value of all assets at end of year $88,812,043$ |


|  |  |  |
| :---: | :---: | :---: |
| Print |  |  |
| or |  |  |
| Type | E |  |

( $\square_{\text {Check box if name changed and see nstructions ) }}$
ETHICS AND
FOUNDATION
210 PARK AVENUE $\# 3150$
OKLAHOMA CITY, OK 73102

- PARTNERSHIP - DEBT RELATED ACTIVITIES

1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? $\square$ Yes $\mathbb{X}$ No If 'Yes,' enter the name and identifying number of the parent corporation

| J The books are in care of - THE FOUNDATION <br> Part l |  | Telephone number - 405-604-5292 |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | (A) Income | (B) Expenses | (C) Net |
| 1a Gross receıpts or sales <br> b Less returns and allowances $\qquad$ c Balance | 1 c |  |  |  |
| 2 Cost of goods sold (Schedule A, line 7) | 2 |  |  |  |
| 3 Gross profit Subtract line 2 from line 1c | 3 |  |  |  |
| 4a Capital gain net income (attach Schedule D) | 4a |  |  |  |
| b Net gan (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b |  |  |  |
| c Capital loss deduction for trusts <br> 5 Income (loss) from partnerships and S corporations (attach statement) | 4c |  |  |  |
|  | 5 |  |  |  |
| 6 Rent income (Schedule C) | 6 |  |  |  |
| 7 Unrelated debt-financed income (Schedule E) <br> 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 7 |  |  |  |
|  | 8 |  | TJERNAL P |  |
|  | 9 |  | OKLAKIELO |  |
| W0 Explorted exempt activity income (Schedule I) | 10 |  | AHOMAC | 10 |
| Q1 Advertising income (Schedule J) | 11 |  |  |  |
| Q2 Other income (See instructıons, attach schedule) | 12 | -32,467. | MAR 21 |  |
| P3 Total. Combine lines 3 through 12 | 13 | -32,467. |  | -32, |

$Q_{5}$ Salaries and wages
16 Repairs and maintenance
17 Bad debts
18 Interest (attach schedule)
19 Taxes and licenses
20 Charitable contributions (See instructions for limitation rules)
21 Depreciation (attach Form 4562)
22 Less depreciation claımed on Schedule A and elsewhere on return
23 Depletion
24 Contributions to deferred compensation plans
25 Employee benefit programs
26 Excess exempt expenses (Schedule I)
27 Excess readership costs (Schedule J)
28 Other deductions (attach schedule)
29 Total deductions. Add lines 14 through 28
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13
31 Net operating loss deduction (limited to the amount on line 30)
SEE STATEMENT 2
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30
33 Specific deduction (Generally $\$ 1,000$, but see line 33 instructions for exceptions)
34 Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32 , enter the smaller of zero or line 32

\section*{| Part III | Tax Computation |
| :--- | :--- |}

35 Organizations Taxable as Corporations. See instructions for tax computation
Controlled group members (sections 1561 and 1563) check here $-\square$ See instructions and
a Enter your share of the $\$ 50,000, \$ 25,000$, and $\$ 9,925,000$ taxable income brackets (in that order)
(1) $\$$
(2) $\$$
(3) $\$$
b Enter organization's share of (1) Additional 5\% tax (not more than $\$ 11,750$ )
(2) Additional 3\% tax (not more than $\$ 100,000$ )
c Income tax on the amount on line 34
36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from $\quad \square$ Tax rate schedule or $\square$ Schedule D (Form 1041)
37 Proxy tax. See instructions
38 Alternative minımum tax
39 Total. Add lines 37 and 38 to line 35 c or 36 , whichever applies
$\$$

|  |  |
| :--- | :--- |
|  |  |
|  |  |
| 35 c |  |
|  |  |
| 36 |  |
| 37 |  |
| 38 |  |
| 39 |  |

## Part IV Tax and Payments

40a Foreign tax credıt (corporations attach Form 1118, trusts attach Form 1116)
b Other credits (see instructions)
c General business credit Attach Form 3800 (see instructions)
d Credit for prior year minımum tax (attach Form 8801 or 8827)
e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes Check if from.
$\square$ Other (attach schedule)
43 Total tax. Add lines 41 and 42
44 a Payments: A 2010 overpayment credited to 2011
b 2011 estımated tax payments
c Tax deposited with Form 8868
d Foreign organizations Tax paid or withheld at source (see instructions)
e Backup withholding (see instructions)
f Credit for small employer health insurance premiums (Attach Form 8941)
g Other credits and payments: $\quad$ Form 2439
$\qquad$
45 Total payments. Add lines 44a through 44 g
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46 , enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46 , enter amount overpaid
49 Enter the amount of line 48 you want Credited to 2012 estimated tax -

| 40a |  |  |
| :---: | :---: | :---: |
| 40 b |  |  |
| 40 c |  |  |
| 40 d |  |  |
|  | 40 e | 0. |
|  | 41 | 0. |
| $\square$ Form 8866 | 42 |  |
|  | 43 | 0. |
| 44a |  |  |

## Part V $\quad$ Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TDF 90-22 1 , Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file
3 Enter the amount of tax-exempt interest received or accrued during the tax year $\$$
0.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation -


## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property
(1)
(2)
(3)
(4)

| 2 Rent received or accrued |  | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| :---: | :---: | :---: |
| (a) From personal property <br> (if the percentage of rent for personal property is more than $10 \%$ but not more than $50 \%$ ) | (b) From real and personal property (if the percentage of rent for <br> if the rent is based on profit or income) |  |
| (1) |  |  |
| (2) |  |  |
| (3) |  |  |
| (4) |  |  |
| Total | Total | (b) Total deductions Enter here and on page 1, Part I, line 6 , column (B) |
| (c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part 1, line 6, column (A) |  |  | here and on page 1, Part 1, Ine 6, column (A)

here and on page 1, Part
Schedule E - Unrelated Debt-Financed Income (see instructions)


Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controling organization's gross income |  | 6 Deductions directly connected with income in column 5 |
| (1) |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |
| Nonexempt Controlled Organızatıons |  |  |  |  |  |  |
| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income |  | 11 Deductions directly connected with income in column 10 |  |
| (1) |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |
|  |  |  | Add columns 5 and here and on page 8, column (A) | 0 Enter Part I, line | Add col here and 8 , colu | umns 6 and 11 Enter on page 1, Part I, line n (B). |
| Totals |  |  |  |  |  |  |
| BAA |  | TEEA0203 L 1 | 1211 |  |  | Form 990-T (2011) |

(Rev December 2012) (Rev December 2012)
Department of the Treasury Internal Revenue Service
ce

- Attach to the corporation's tax return.

OMB No 1545-0122

Name of corporation
For calendar year 20
, or other tax year beginning
7101 , 20 . , and ending 6/30 , 20 12

## ETHICS AND EXCELLENCE IN JOURNALISM FOUNDATION

Use a separate Form 1118 for each applicable category of income listed below. See Categories of Income in the instructions. Also, see Specific Instructions.
Check only one box on each form.
( $]$ Passive Category IncomeSection 901(j) Income: Name of Sanctioned Country
$\square$ General Category IncomeIncome Re-sourced by Treaty Name of Country $\qquad$


Schedule B $\quad$ Foreign Tax Credit (Report all foreign tax amounts in U.S. dollars.)
Part I-Foreign Taxes Paid, Accrued, and Deemed Paid (see instructions)

(December 2009)
For calendar year $20 \ldots$, or other tax year begınnıng $\ldots \ldots 101 \ldots, 20.11$, and ending $\ldots . .-6 / 30 . . .$.

- See separate instructions.
- Attach to Form 1118.


## Name of corporation

## ETHICS AND EXCELLENCE IN JOURNALISM FOUNDATION

Use a separate Schedule K (Form 1118) for each category of income listed below. Check only one box on each schedule.
$\square$ Passive Category Income
$\square$ General Category Income
$\square$ Section 9010) Income: Name of Sanctioned Country
$\square$ Income Re-sourced by Treaty. Name of Country

| Foreign Tax Carryover Reconciliation | (i) 10th Preceding Tax Year | (il) 9th Preceding Tax Year | $\begin{gathered} \text { (iii) } \\ \text { 8th } \\ \text { Preceding } \\ \text { Tax Year } \end{gathered}$ | (iv) Preceding Tax Year | (v) 6th Preceding Tax Year | (vi) 5th Preceding Tax Year | (vil)Subtotal (add columns (i) <br> through (vi)) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 Foreign tax carryover from the prior tax year (enter the amount from line 6 of the worksheet in the instructions) |  |  |  |  |  |  |  |
| 2 Adjustments to line 1 (enter description-see instructions) <br> a Carryback adjustment (see instructions) |  |  |  |  |  |  |  |
| b Adjustments for section 905(c) redeterminations (see instructions) |  |  |  |  |  |  |  |
| c |  |  |  |  |  |  |  |
| d |  |  |  |  |  |  |  |
| e |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |
| $g$ |  |  |  |  |  |  |  |
| 3 Adjusted foreign tax carryover from pror tax year (combine lines 1 and 2) |  |  |  |  |  |  |  |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) |  |  |  |  |  |  |  |
| 5 Foreıgn tax carryover expired unused in current tax year (enter as a negative number) |  |  |  |  |  |  |  |
| 6 Foreign tax carryover generated in current tax year |  |  |  |  |  |  |  |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negatıve number) |  |  | ? $z_{y}^{2}$ |  |  |  |  |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. | -0- |  |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the instructions for Form 1118.
Cat No 51904R
Schedule K (Form 1118) (12-2009)

| Foreign Tax Carryover Reconcliation (contınued) | (vili) <br> Subtotal from page 1 (enter the amounts from column (vil) on page 1) | ( $(x)$ 4th Preceding Tax Year | (x) 3rd Preceding Tax Year | $(x i)$ 2nd <br> Preceding Tax Year | (xil) 1st Preceding Tax Year | (xiII)Current <br> Tax Year | (xiv) Totals (add columns (viii) through (xiII)) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 Foreign tax carryover from the pror tax year (enter the amount from line 6 of the worksheet in the instructions) |  | 1886 | 12443 | 4623 | 2099 |  | 21051 |
| 2 Adjustments to line 1 (enter description-see instructions) <br> a Carryback adjustment (see instructions) |  |  |  |  |  |  |  |
| b Adjustments for section 905(c) redeterminations (see instructions) |  |  |  |  |  |  |  |
| c |  |  |  |  |  |  |  |
| d |  |  |  |  |  |  |  |
| e |  |  |  |  |  |  |  |
| f |  |  |  |  |  |  |  |
| g |  |  |  |  |  |  |  |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2) Enter the column (xiv) total on the current year Form 1118, Schedule B, Part II, line 5 |  | 1886 | 12443 | 4623 | 2099 |  | 21051 |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) |  |  |  |  |  |  |  |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number) |  | $\begin{array}{lll}\bullet \cdots & \vdots \\ \cdots & \\ \cdots & \\ \vdots\end{array}$ | $\therefore \quad \therefore \quad \therefore$ |  | - ' |  |  |
| 6 Foreign tax carryover generated in current tax year |  |  |  |  |  |  |  |
| 7 Actual or estımated amount of line 6 to be carried back to prior tax year (enter as a negative number) |  | $\because \cdot \not \approx \quad \because \quad \ddot{x}$ |  |  |  |  |  |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. |  | 1886 | 12443 | 4623 | 2099 | 795 | 21846 |

## OTHER INCOME PRODUCING ACTIVITIES INTEREST ON SAVINGS \& CASH INVESTMENTS

BANK OF AMERICA INTEREST ..... \$ ..... 127.
BANK OF AMERICA DIVIDENDS ..... 118.

FIDELITY DIVIDENDS ..... $1,156$.TOTAL | S $\quad 1,401$. |
| :--- |

OTHER INCOME PRODUCING ACTIVITIES
DIVIDENDSIINTEREST FROM SECURITIES.
OPUBCO DIVIDENDS ..... $\$ \quad 122,656$.
PRE ASSET ACA SETTLEMNET INTEREST ..... 10,617.
BOSC INTEREST282, 858BOSC DIVIDENDS11, 199 .FORD CHICAGO1,070.
PJ TRAILERS INTEREST32, 025.
SULLIVANT INTEREST1, 861 .
MERRILL LYNCH INTEREST ..... 244, 544 .
MERRILL LYNCH DIVIDENDS ..... 564,512.
WACHOVIA INTEREST ..... 44, 845 .
WACHOVIA DIVIDENDS ..... 150, 807 .
CREDIT SUISSE INTEREST ..... 39, 274.
CREDIT SUISSE DIVIDENDS530, 989 .
LEHMAN BROTHERS INTEREST ..... 45,498.
BOND AMORTIZATION-52,089.
PARTNERSHIP INTEREST64, 280 .

PARTNERSHIP DIVIDENDS- 4.TOTAL | \$ $2,299,822$. |
| :--- |

# Application for Extension of Time To File an Exempt Organization Return 

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file ( 6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities \& Nonprofits.
PartIT Automatic 3-Month Extension of Time. Only submit origınal (no copies needed).
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

| Type or print | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| :---: | :---: | :---: |
|  | ETHICS AND EXCELLENCE IN JOURNALISM FOUNDATION | X 73-1167175 |
| File by the due date for tiling your mstructions | Number, street, and room or suite number if a PO box, see instructions 210 PARK AVENUE \#3150 | Social security number (SSN) |
|  | City, town or post office, state, and ZIP code For a foreign address, see instructions OKLAHOMA CITY, OK 73102 |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application <br> Is For | Return <br> Code | Application <br> Is For | Return <br> Code |
| :--- | :---: | :--- | :---: |
| Form 990 | 01 | Form 990-T (corporatıon) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401 (a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of -THE FOUNDATION

Telephone No 405-604-52922 FAX No -

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) $\qquad$ If this is for the whole group, check this box $\quad \square$ if it is for part of the group, check this box $-\square$ and attach a list with the names and EINs of all members the extension is for
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-7) extension of time until _ $\underline{1} / 15 \ldots \ldots .20$ 13 _ to file the exempt organization return for the organization named above The extension is for the organization's return for-
- $\quad$ calendar year $20 \ldots$ or

2 If the tax year entered in line 1 is for less than 12 months, check reason $\square$ Initial return $\square$ Final return $\square$ Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any
nonrefundable credits See instructions
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax
payments made Include any prior year overpayment allowed as a credit
c Balance due. Subtract ine 3b from line 3a Include your payment with this form, if required, by using
EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

